



CITY OF DUNWOODY

400 Northridge Road

Suite 1250

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www.dunwoodyga.gov

HOTEL MOTEL EXCISE TAX REGISTRATION APPLICATION

Note: **The information provided on this form will be used to establish an account or to update an existing account. Monthly excise tax reporting forms will be generated from this file.**

Business Name: _____ Account #: _____

Street Address: _____

City/State/Zip: _____

Telephone No.: (____) _____ Fax: (____) _____

Manager's Name: _____ E-mail: _____

Mailing Name: _____ ATTN: _____

Mailing Address: _____

City/State/Zip: _____

Ownership

Type of Ownership: (check one) () Single Owner () Partnership () Corporation

Corporation Name: _____

Date Incorporated: _____ City & State where Incorporated _____

Owner's Name: _____

Owner's Address: _____

City/State/Zip: _____

Room Rental Information

Number of rooms available at the location shown above: _____ Avg. Daily Rate: \$ _____

Weekly Rate (range) \$ _____ to \$ _____ Monthly Rate (range) \$ _____ to \$ _____

The undersigned certifies to the best of their knowledge that this information is true and correct.

Print Name of Preparer

Signature of Preparer

Date Signed